

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942

Registration District No. 218

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41692

Primary Registration District No. 3015

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ---
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. ---
In this community All of life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Louise Davis.

3. (b) If veteran. --- 3. (c) Social Security name war. --- No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. --- 6. (c) Age of husband or wife if alive. --- years
7. Birth date of deceased. January 17 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 11 15 hr. min.

9. Birthplace Cooper County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation at home.

11. Industry or business.

MOTHER FATHER { 12. Name Dan Davis.
13. Birthplace Cooper County, Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name Mabel Gallagher
15. Birthplace Tipton, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Dan Davis.

(b) Address Boonville, Missouri.

17. (a) Burial (b) Date thereof Jan. 4th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Roller

(b) Address Boonville, Mo.

19. (a) 1-3-42 (b) D. Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1942 hour 1 minute p.m.

21. I hereby certify that I attended the deceased from May 16, 1941 to Jan 1, 1942
that I last saw her alive on 12-27- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Ependymoma of brain Duration 2 yrs.

Due to 548

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ependymoma
Of operations. Ependymoma
Of autopsy. Ependymoma

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---
(b) Date of occurrence ---
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? --- (Specify type of place) (e) Means of injury ---
23. Signature M.D. (M. D. or other) M.D.
Address Boonville, Mo. Date signed 1/3/42

RECEIVED

District Health Officer No. 8,

JAN 28 1942

District File Number.....

Date Filed 1-9-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1178

P. O. Address Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.